

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1666-62-008154  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1666

FILED FEB 16 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Little Rock  
Hospitals, Inc.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission)  
a. STATE Missouri b. COUNTY

c. CITY OR TOWN Brentwood Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 8610 Darling Ave.,  
Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Henry Archie Hankins

4. DATE OF DEATH  
Month Day Year  
February 6 1962

5. SEX  
Male

6. COLOR OR RACE  
Colored

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
4-18-1900

9. AGE (last birthday) 61  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Sheet Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY  
Railroad

11. BIRTHPLACE (City and state or country)  
Camden Arkansas

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE  
wife- Leona Hankins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Leona Alma Hankins 8610 Darling

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a).

Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH  
7 days

DUE TO (b)

Cerebral Thrombosis

2 weeks

DUE TO (c)

Cerebral Arteriosclerosis 332X

PART II. If deceased had any condition contributing to DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-25-62 to 2-6-62 and last saw him alive on Feb 5, 1962

Death occurred at 2x 1.00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Masao Ohmori M.D.

22b. ADDRESS

1755 So Grand

22c. DATE SIGNED

2-6-1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

16 Feb, 1962

23c. NAME OF CEMETERY OR CREMATORY

Washington Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

E. J. Roscoe Mortuary, Inc. 1221 N Grand

25. DATE RECD. BY LOCAL REG.

FEB 9 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3412

P. O. Address 1721 N. Grand Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.